MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

	SERIAL NO.	FILING DATE
	APPLICANT(S)	10/562957

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	—						51						
2	4						52						
3		1					53						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.	1						TOTAL DEP.						
TOTAL CLAIMS	2						TOTAL CLAIMS						

PTO - 1360 (REV. 11/44)

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